ENROLLMENT SERVICES
RELEASE OF STUDENT INFORMATION

greenriver.edu/enrollment • (253) 833-9111 Ext. 2500 • 12401 SE 320th St., Auburn, WA 98092
enrollmentservices@greenriver.edu • fax (253) 288-3454

This release form is valid only in the department for which it is signed below. A separate release form is required in other campus departments (i.e. Enrollment Services, Financial Aid, Career and Advising, instructional divisions, etc.).

Family Educational Rights and Privacy Act of 1974 (FERPA)

Green River College student educational records are maintained according to the Family Educational Rights and Privacy Act of 1974 (FERPA). As provided by FERPA, whenever a student is attending an institution of postsecondary education (regardless of age or dependent status) the permission or consent required of and the rights accorded to the parents shall thereafter only be required of and accorded to the student.

Release of Information– Students must sign a release in order to have their educational records released to third parties or to authorize third parties to conduct registration activities/transactions on behalf of the student. Information may be released to a third party without student's consent if 1) information is requested officially by means of a subpoena, court order or legal report or 2) information is designated "directory information." Additionally, Congress requires student information to be released to military recruiters if officially requested.

Ref: 20 U.S.C. 1232g, TITLE 20 - - Education, Chapter 31, Part 4, Section 1232g, subsection (7), (d)

STUDENT INFORMATION

Green River SID: _____

I,_____,
   Student's full legl name

give permission to _____
                     Campus department

to release my educational records to_____,
                                     Name of third party or parties

for the period of and as indicated: ❑   Indefinitely or until rescinded by me in writing.

❑   Start date:_____To end date: _____

❑   Other. Be specific: _____

SIGNATURE

❑   I further understand that I may rescind my permission at any time and may do so only in writing.

Student:_____Date: _____

OFFICE USE ONLY	Date: _____	Processed by: _____